ORDER FOR NEW OR UPDATED MEDICATION

To be completed if a Camper has additional medications or if the current dispensing instructions differ from those provided on the Colorado Lions Camp Medication Order Form and Administration Record currently on file.
Must be completed by Physician or authorized prescriber.

Name of Camper: _____

☐ **New Medication** ☐ **Revised Medication Instructions** **Medication Name:** **Dose:** **Route:** **Reason for use:**	☐ Breakfast (8 AM) ☐ Lunch (12 PM) ☐ Dinner (5:30 PM) ☐ Bedtime (8:30 PM) ☐ PRN ☐ Other _____	☐ **New Medication** ☐ **Revised Medication Instructions** **Medication Name:** **Dose:** **Route:** **Reason for use:**	☐ Breakfast (8 AM) ☐ Lunch (12 PM) ☐ Dinner (5:30 PM) ☐ Bedtime (8:30 PM) ☐ PRN ☐ Other _____
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I approve the administration of the above prescription/non-prescription medication and/or supplements

Physician's signature: (Required)_____ **Date** _____

Physician's Name (Please Print) _____ Phone: _____

Address, City, State, Zip: _____

For CLC Staff ONLY

I have reviewed this information and updated the camper's Medication Order Form and Administration Record accordingly.

Nurse Signature _____ Date _____